



## MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

**APPLICANT INFORMATION**

Name ( <i>Last, First, Middle</i> )		Social Security Number <div><div></div><div></div><div></div> - <div></div><div></div> - <div></div><div></div><div></div><div></div></div>	
Mailing Address		Telephone Number ( <i>Include Area Code</i> ) <div><div></div><div></div><div></div> - <div></div><div></div><div></div> - <div></div><div></div><div></div><div></div></div>	
City		State	ZIP Code
Title of Position(s) Applied For		List Location(s) in Missouri Where You Are Available for Employment	
Type of Position for Which You Are Available <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Have you any objection to this Agency making inquiry of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you were ever convicted of a law violation since age 16, describe such violation. ( <i>Do not include traffic violations.</i> ) _____			
If you were ever discharged or forced to resign from a job due to misconduct or unsatisfactory service, give name of employer, date, and reasons. _____			
The Department has a policy which does not permit appointing an individual who has fraudulently claimed Unemployment Insurance benefits. Your application will be checked against Agency records regarding this policy.			
<b>SKILLS</b>			
What office equipment can you operate efficiently? _____			
List software at which you are proficient. _____			
Typing Speed Net WPM	Shorthand Speed WPM	Date of Last Test	Name of Administering Organization
Do you have any relatives employed by the Department of Labor and Industrial Relations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>EDUCATION</b>			
Years of Education Completed	High School Attended ( <i>Name and Address</i> )	Dates of Attendance From:                      To:	
College Attended ( <i>Name and Address</i> )		Dates of Attendance From:                      To:	
Total College Semester Hours	Major	Degree	
<b>COPY OF TRANSCRIPT MUST BE ATTACHED</b>			
<b>CERTIFICATES/LICENSES</b>			
Attach a copy of each certificate/license to practice a profession or occupation.			
<b>MILITARY</b>			
Active Duty ( <i>Branch of Service</i> )	Dates of Service From:                      To:		

(Continue on Reverse)

**EMPLOYMENT RECORD** *(Begin with most recent)*

Dates Employed <i>(Month and Year)</i> From: _____ To: _____		Describe Duties of Job _____ _____ _____ _____ _____ _____
Employer _____		
Supervisor <i>(Name and Title)</i> _____		
Employer Address _____		
City, State and Zip _____		
Job Title _____	Monthly Salary _____	
Reason for Leaving _____		

Dates Employed <i>(Month and Year)</i> From: _____ To: _____		Describe Duties of Job _____ _____ _____ _____ _____ _____
Employer _____		
Supervisor <i>(Name and Title)</i> _____		
Employer Address _____		
City, State and Zip _____		
Job Title _____	Monthly Salary _____	
Reason for Leaving _____		

Dates Employed <i>(Month and Year)</i> From: _____ To: _____		Describe Duties of Job _____ _____ _____ _____ _____ _____
Employer _____		
Supervisor <i>(Name and Title)</i> _____		
Employer Address _____		
City, State and Zip _____		
Job Title _____	Monthly Salary _____	
Reason for Leaving _____		

Dates Employed <i>(Month and Year)</i> From: _____ To: _____		Describe Duties of Job _____ _____ _____ _____ _____ _____
Employer _____		
Supervisor <i>(Name and Title)</i> _____		
Employer Address _____		
City, State and Zip _____		
Job Title _____	Monthly Salary _____	
Reason for Leaving _____		

**CERTIFICATION:** I certify that the information provided herein is true and complete to the best of my knowledge. I understand that deliberate misrepresentation or omission of information is cause for rejection of my application or subsequent dismissal from employment.

Signature _____	Date _____
-----------------	------------